

Soccer Match Request Application

Name:	_ Organization:	
Address:		
City:	State:	Zip Code:
Phone (daytime):	Phone (evening):	
Email Address:		
Association/Affiliation:		
Liability Insurance Provided by:		
Facility Requested (Circle all that applies):		
Katie Hunter Energy Solutions	Milt Dickens	Katie Hunter Lasalle
Game Schedule:		
* Please attach game schedule of all requested game days and times for each field		
SERVICES REQUESTED		
Admission Fee (gate): NO YES (if yes, please write price below)		
Adult: Youth	:	Child:
Send Information to:		
Steve Stone City of Oak Ridge Recreation & Parks		Date payment received:
P.O. Box 1		For Office Use Only
Oak Ridge, TN 37831 Phone: 865-425-3443		Date request received:
Fax: 865-425-3418		·
sstone@oakridgetn.gov		For Office Use Only